

1024568



## Bell Laboratories, Inc.

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18 October 2012

Document Processing Desk - 6A2  
Office of Pesticide Programs - 7504C  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter:	Craig A. Riekana Compliance Manager Bell Laboratories, Inc.	Registrant Name:	Bell Laboratories, Inc. 3699 Kinsman Blvd. Madison, WI 53597
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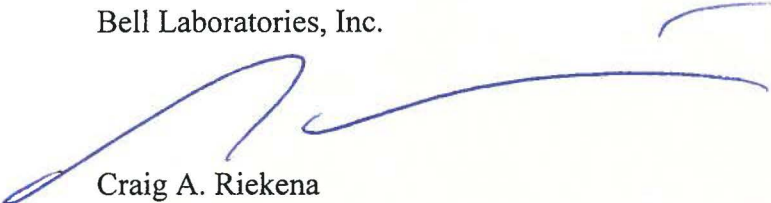
Transmittal Date:	October 18, 2012	Submission:	Voluntary Incident Report
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Reportable Substance(s):

Product	EPA Reg. #
Tomcat All Weather Bait Chunx	124455-80-3240
Tomcat Mouse Killer III	12455-129-3240

Sincerely,

Bell Laboratories, Inc.



Craig A. Riekana  
Compliance Manager  
Bell Laboratories, Inc.  
[criekena@belllabs.com](mailto:criekena@belllabs.com)

**\*Personal privacy information\***

**Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information**

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID <b>1029348</b>
Administrative Data	Address  <b>Oxford, NC 27565 USA</b>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <b>New</b>	Location and date of incident <b>Oxford, NC USA 08/22/2012</b>	Date registrant became aware of incident. <b>08/22/2012</b>	Was incident part of larger study? <b>No</b>
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1) <b>12455-129-3240</b>		EPA Registration # (Product 2)	
	A.I. (s) <b>Bromethalin</b>		A.I. (s)	
	Product 1 name <b>Tomcat Mouse Killer III (refillable resistant bait station)</b>		Product 2 Name	
	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?	
	Formulation <b>wax block</b>		Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? <b>No</b> Intentional misuse? <b>No</b>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <b>Own Residence</b>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/formulating). <b>See Incident Description Notes</b>
	Applicator certified? <b>UNK</b>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <b>See Incident Description Notes</b>			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 2 of 3

Brief description of incident circumstances.

*Nordstrom, Dan Aug 22 2012 10:35PM*

*Hx: Caller states her husband was handling product to put in bait traps about 3 hours ago. Caller states about 30 minutes ago, pt developed sx of nausea, sweating, dizziness, and headache. Caller states no product was ingested. Caller states pt works with pesticides regularly for his occupation.*

*A: The product may be irritating to the skin, but is not expected to cause significant problems. Recommend washing exposed skin with water and mild soap. With a primary route of ingestion, similar sx may occur. However, the sx described from dermal exposure does not fit the toxicological profile of this product. The sx described are potentially serious and should be evaluated by MD. Bring product information with you and have your doctor contact us using your case reference number if more information or consultation is needed.*

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*Anderson, Traci Aug 23 2012 7:22AM*

*Case reviewed.*

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*Yeager, Greg Aug 23 2012 10:33AM*

*Attempted CB. Left a message requesting follow up. Reset.*

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*Yeager, Greg Aug 24 2012 11:02AM*

*Attempted CB. Left a message requesting follow up.*

# Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>47 Year(s)</b> Sex: <b>Male</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Dermal</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NA</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>8 hrs or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Private MD/DVM-unknown disposition</b>	List signs/symptoms/adverse effects <b>Gastrointestinal-Nausea</b> <b>Miscellaneous-Sweating/Diaphoresis</b> <b>Neurological-Dizziness/vertigo</b> <b>Neurological-Headache</b>		If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <b>1029348</b>